

# ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-  
0056Expiration Date  
06/30193

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

## PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

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## AGENCY INFORMATION

**FEDERAL PROGRAM AGENCY:** U.S. DOT/RSPA**AGENCY IDENTIFIER** 6R      **AGENCY LOCATION CODE (ALC):** 69010005      **ACH FORMAT:** \_\_CCD \_\_CTX \_\_CTP**ADDRESS:** Financial Operation AMZ-1  
P.O. Box 25730 (M--IAC), Oklahoma City, OK 73125-4913**CONTACT PERSON NAME:****TELEPHONE NUMBER**

Deanna Calvert

(405) 954-7467

**ADDITIONAL INFORMATION:**

Keith O'Neill, (202) 366-5513

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## PAYEE/COMPANY INFORMATION

**NAME:****SSN NO. OR TAXPAYER ID NO.****ADDRESS:****CONTACT PERSON NAME:****TELEPHONE NUMBER:**

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## FINANCIAL INSTITUTION INFORMATION

**NAME:****ADDRESS:****ACH COORDINATOR NAME****TELEPHONE NUMBER:****NINE-DIGIT ROUTING TRANSIT NUMBER:****DEPOSITOR ACCOUNT TITLE:****DEPOSITOR ACCOUNT NUMBER:**

BER:

**TYPE OF ACCOUNT:**

☐CHECKING

☐SAVINGS

☐LOCKBOX

**SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:**

**TELEPHONE NUMBER:**

(Could be the same as ACH Coordinator)